## WYOMING STD PROGRAM ANTIBIOTIC/EPT REQUEST FORM

ANTIBIOTIC	PACKAGE	FORMULARY	# OF SINGLE-DOSE UNITS
Benzathine Penicillin	1.2 mu Tubex	1.2 mu Tubex	*Not kept in inventory, If needed
		(for tx of syphilis)	please contact via phone*
Ceftriaxone (Rocephin)	1g vial	250 mg IM single dose	
		(for tx of gonorrhea)	
1% Zylocaine Solution	10 mg/ml	1 vial per 10 vials Ceftriaxone	
Suprax (cefixime)	400 mg tablets	1 tablet – single dose	
		(for tx of gonorrhea)	
Azithromycin	250 mg tablets	4 tablets per container	
		(for tx of chlamydia)	
Doxycycline	100 mg capsules	14 capsules per container	
		(alt. tx for chlamydia & add'l for	
		gonorrhea)	
Amoxicillin	500 mg tablets	500 mg TID x 7 days	*Not kept in inventory, If needed
		(21 tablets per container)	please contact via phone*
		(alt tx of chlamydia)	
PARTNER PACKETS (PDPT)	PACKAGE	FORMULARY	REQUESTED SINGLE UNITS
Azithromycin / contact info packet	4/250 mg tablets, educational	1 gm single dose	
	material	(tx of chlamydia)	
Suprax (cefixime)/ contact info packet	1/400 mg tablets, educational	1 400 mg dose	
	material	(tx of gonorrhea)	

FACILITY INFORMATION	
Facility Name:	Order Date:
Shipping Address (No PO Boxes)	Contact Name:
Contact Email Address:	City:
	County:
Contact Phone number:	Zip:
Additional Shipping Instructions:	

Medication\_\_\_\_

Lot Number: \_\_\_\_\_ Expiration Date: \_\_/\_\_/

Reference: 2010 CDC STD TREATMENT GUIDELINES

Date Filled: By: Updated February 2013 G\HIV-AIDS\STD Program\ANTIBIOTIC Program\